St. Barnabas PRE-KINDERGARTEN 2016-2017

STUDENT REGISTRATION FORM – ARCHDIOCESE OF INDIANAPOLIS

STUDENT'S LAST NAME | FIRST | MIDDLE

ADDRESS | HOME PHONE NUMBER

CITY | STATE | ZIP CODE

PARISH ATTENDED

FATHER'S LAST NAME | FIRST | MIDDLE

ADDRESS

CITY | STATE | ZIP CODE

HOME PHONE NUMBER | BUSINESS PHONE

RELIGION

MOTHER'S LAST NAME | MAIDEN | FIRST | MIDDLE

ADDRESS

CITY | STATE | ZIP CODE

HOME PHONE NUMBER | BUSINESS PHONE

RELIGION

STUDENT LIVES WITH:

- ☐ FATHER and MOTHER
- ☐ FATHER ☐ MOTHER
- ☐ GUARDIAN ☐ OTHER _____

IF GUARDIAN:

LAST NAME | FIRST | MIDDLE

ADDRESS

CITY | STATE | ZIP CODE

HOME PHONE NUMBER | BUSINESS PHONE

SEX | DATE OF BIRTH (**4 yrs of age by August 1, 2012**)

PLEASE INDICATE BELOW YOUR PREFERENCE ORDER (1,2,3)

- ☐ Full Day - Every Day, 7:30-2:45 $3,900
- ☐ Full Day - Monday/Wednesday/Friday, 7:30 - 2:45 $2,340
- ☐ Full Day, Tuesday/Thursday, 7:30-2:45 $1,560

STUDENT INFORMATION:

PLACE OF BIRTH | CITY | STATE

RELIGION OF STUDENT | BAPTISMAL DATE

CITY | STATE | VERIFIED

SCHOOL LAST ATTENDED

LIST SIBLINGS AND AGES:

PARENTS COMMENTS CONCERNING STUDENT'S HEALTH, LEARNING PROBLEMS OR NEEDS, SOCIAL ADJUSTMENTS, ETC

PARENT'S SIGNATURE | DATE